

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
HEALTH SERVICES DIVISION

103 DOC 661  
PHARMACY AND MEDICATIONS

TABLE OF CONTENTS

661.01	General Policy.....	2
661.02	Prescription Practices.....	3
	Physician Assistant and Nurse Practitioners.....	4
	Automatic Stop Orders.....	4
661.03	Medication Distribution.....	5
	Contractual Medical Provider Policies and Procedures.....	5
	Monitoring Inmate Compliance with Medication Orders.....	7
661.04	Pharmacotherapy .....	9
661.05	Transfer Procedures.....	10
661.06	Storage of Medications.....	12
661.07	Keep On Person Medication Program (KOP).....	12
	General Procedures.....	12
	Site Specific Procedures.....	12
	Exclusion from KOP Program.....	12
	KOP Program Explanation To Inmates.....	13
	Storage of KOP Medications.....	14
	Security Inspections.....	15
	Compliance Checks.....	16
	Transfers to Other Facility.....	17
	Removal from General Population.....	18
661.08	Self Administration.....	19
	Site Specific Procedures.....	20
661.09	Over-The-Counter Medications in Facility Canteens.....	20

Attachments:

A.	Keep-On-Person Guidelines/Sample Forms	
	Drugs not included on KOP.....	21
	KOP Inmate Agreement (English).....	25
	KOP Inmate Agreement (Spanish).....	26
B.	Protocol for Witnessing Self Administration.....	28
	Protocol for Health Services Staff Review.....	30
	Medication Self Administration Form.....	31

MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES
TITLE: PHARMACY AND MEDICATIONS	NUMBER: 103 DOC 661

**PURPOSE:** The purpose of this policy is to establish guidelines for the management, prescription and distribution of controlled substances, prescribed medications, and over-the-counter medications in all department facilities.

**REFERENCES:** M.G.L. C 124 S 1 (c), (q).  
ACA Standards: 3-4341, 3-4342, 3-4342-1, 3-4335  
NCCHC Standard: P-27, P-43

**APPLICABILITY:** Staff/Inmates **PUBLIC ACCESS:** Yes

**LOCATION:** DOC Central Policy File  
Facility Policy File  
Health Services Division Policy File

**RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:**  
Director of Health Services  
Superintendents

**PROMULGATION DATE:** 01/28/2005 **EFFECTIVE DATE:** 02/25/2005

**CANCELLATION:** This policy cancels all previous department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding the management of controlled substances, prescribed medications, and over-the-counter medications which are inconsistent with this policy.

**SEVERABILITY:** If any part of this policy is for any reason held to be in excess of the authority of the Commissioner, such decision will not affect any other part of this policy.

The state office of pharmacy services (SOPS) in conjunction with the contractual medical provider shall have written policies and procedures for the possession and use of federal and/or state controlled substances, medications and over-the-counter (OTC) drugs in accordance with this policy. These policies and procedures shall provide for the provision of all necessary medications prescribed by physicians for inmate patients regardless of whether the inmate is in the general population, in the health services unit (HSU), in segregation or temporarily off the grounds of the facility.

1. In the event that a facility maintains a pharmacy, a registered pharmacist will be responsible for the management and operation of the pharmacy. All pharmacy procedures shall adhere to applicable state law, the State and Federal Controlled Substances Act, and the regulations of the Drug Enforcement Administration. All facility pharmacies will be registered in accordance with state and federal law. The superintendent of the Bridgewater State Hospital shall, in collaboration with the State Office of Pharmacy Services and the contractual medical provider, develop site specific pharmacy management policies and procedures for the operation of a seven day unit dose medication distribution system. Such policies and procedures shall be approved by the director of health services
2. All pharmaceuticals will be dispensed in accordance with the SOPS formulary, which shall govern the approved medications for use in the department. When prescriptions are generated by physicians who are not employed by the department, the SOPS or the contractual medical provider, substitutions may be made in accordance with the SOPS drug formulary. Medications in the SOPS formulary shall be approved by the department, SOPS, contractual medical provider and the pharmacy and therapeutics committee. All non-formulary prescriptions are reviewed and approved by the Chief of Psychiatry or the Statewide Medical Director.

3. The primary operational guidelines for pharmacy services and prescription procedures contained in the SOPS/contractual medical provider's pharmacy procedure manual is available at each health services unit and in the office of the director of health services.
4. The Director of Health Services must review and approve any changes in the delivery of and packaging of medications prior to its implementation.

661.02      Prescription Practices

Medications, particularly psychotropic medications, shall be prescribed by a contractual physician. A mid-level contractual provider may prescribe medications with the contractual statewide medical director's consent and under the supervision of the facility medical director (supervising physician), where the midlevel practitioner is assigned. Medications shall be prescribed only for clinical reasons in accordance with the accepted standards of medicine. Medications shall not, under any circumstances, be prescribed for disciplinary purposes. When used, psychotropic medications are one facet of a multi-faceted treatment program. Psychotropic medications will be prescribed following a physical examination by the health provider. In this context, the physical exam is defined as blood pressure and pulse readings and a review of the admission exam and/or periodic health exam. The prescribing provider will complete a semi-annual AIMS scale or similar instrument on all inmates who are on anti-psychotic medication.

1. The long term use of psychotropic medications and analgesics which are subject to abuse is discouraged and only used when clinically indicated.
2. Inmates should be questioned and assessed for the side effects of psychotropic medications and medications in general no less than at the time of prescription and renewal. The information obtained is to be documented in the inmate's medical record.

3. Physician assistants, nurse practitioners or clinical nurse specialists ( referred to hereafter as mid-level practitioners ) may order medications only upon the authorization of a supervising physician under terms and conditions referred to as Collaborative Agreement and Prescriptive Practice Guidelines for Nurse Practitioner and Physician assistant. Each supervising physician and midlevel practitioner, with the approval of the contractor statewide medical director shall sign such agreement which shall contain, at a minimum, purpose, name of supervising physician and midlevel practitioner, scope of practice, requirements for physician consultation, and monitoring of prescriptive practices, including quarterly review of randomly selected charts (25 charts) by the supervising physician. The medical contractor, through the statewide medical director, shall develop policies and procedures for the use of such agreements at designated facilities and shall submit the results of periodic record reviews to the Director of Health Services. Copies of such agreements and evidence of quarterly reviews shall be maintained at the facilities using such agreements; at the medical contractor Massachusetts's regional office and at the office of the Director of Health Services. Midlevel practitioners must order medication in accordance with the regulations of the United States Drug Enforcement Administration, Massachusetts Board of Registration in Medicine (243 CMR 2.08), Massachusetts Department of Public Health (DPH), Division of Food and Drugs, 105 CMR 700.003), ~~or~~ the Massachusetts Board of Registration in Nursing (244 CMR 4.00 et seq.) and the Massachusetts Board of Registration of Physician Assistants, (263 CMR 3.07), respectively.
4. Automatic Stop Orders: There shall be automatic termination of all prescription drugs in accordance with the SOPS/contractual medical provider pharmacy procedure manual.
5. Prescriptions which expire between Friday evening and Monday morning (or the next normal business day) can be extended by a physician assistant or nurse until the next normal business day only under the authority of a physician's telephone

order. On the next normal business day following such expiration, the physician will either renew or discontinue such prescribed medication.

6. Only those who are licensed to prescribe medication in the Commonwealth of Massachusetts will make decisions regarding the discontinuation of any medication at DOC facilities.

Pharmacy Services shall provide on-site unit dose capability for emergency stock of drugs in unit of use packages and in a sealed kit, to be used in emergency situations or until regular delivery of medications.

7. Expired medications are disposed of in accordance with the SOPS/contractual medical provider pharmacy procedure manual.

#### 661.03     Medication Distribution

1. The SOPS in conjunction with the contractual medical provider shall establish written policies and procedures for the dispensing, administering, and/or distribution of medications as appropriate to its staffing pattern. All procedures shall adhere to the following guidelines:
  - a. HSU's shall adhere to pharmacy procedures regarding the dispensing and distribution of medications as found in the SOPS/contractual medical provider's pharmacy procedure manual located at each site's health service unit.
  - b. The inmate must present identification or, in the case of segregation units, be identified by correction staff before being administered medication.
  - c. The administration and/or distribution of all prescribed medication shall be recorded on either the medication kardex or on a medication log as approved by the contractual medical provider and the director of health services. The administration and/or distribution of each dose shall be documented with respect to the date and time of administration and/or distribution and shall be signed or

initialed by the individual administering and/or distributing the medications. In addition, random audits of medication distribution records/ logs shall be performed by a health services regional administrator.

- d. Correctional staff will observe the inmate take medication(s) unless the inmate is keep-on-person designated. If there is a known history or suspicion of hoarding behavior, the medication should be crushed and mixed in a small amount of water unless the integrity of the medication would be compromised.
- e. All controlled substances shall be administered/distributed dose by dose. Inmates receiving controlled substances in a time-released formula, e.g., dermal patch may not be housed in general population and will require special housing assignments, unless waived by the director of health services
- f. Over the Counter (OTC) medications, other than those approved and sold in canteens, may not be distributed without prior physician approval unless allowed in the procedures established by the medical director and approved by the director of health Services.
- g. Controlled substances listed in Schedule II through V, in the Federal Controlled Substances Act and drugs requiring parenteral administration shall be administered only by the responsible physician or qualified health personnel under the direction of the health services administrator (HSA) who is the designated local health authority. Insulin (requires parenteral administration) may be self-administered by the inmate as part of the self-administration program (see 661.08)
- h. Medications which are to be administered to inmates in segregation units will be crushed whenever possible. In those instances where

the prescribed medication cannot be crushed, the use of liquid medication will be explored and utilized.

Each superintendent, in conjunction with the health services administrator, will develop written procedures that will insure that medications are swallowed and will prevent hoarding of medication. Procedures will include:

- i. Direction for when medication cannot be safely administered in either a crushed or liquid state, including safely removing the inmate from his/her cell;
  - ii. administering the medication to the inmate while he/she is outside the cell and;
  - iii. performing a complete visual inspection of the inmate's mouth by correctional staff prior to returning the inmate to his/her cell.
- i. Health care staff will document any inmate's self-report or exhibit of medication side effects and will notify the attending physician or psychiatrist in a timely manner.
2. Monitoring Inmate Compliance With Medication Orders

The contractual medical provider shall establish written policies and procedures for the purpose of monitoring inmates' degree of compliance with their medication orders. All procedures shall adhere to the following guidelines:

- a. In the event that an inmate does not present himself/herself at the time he/she is normally scheduled to receive prescribed medication, this fact shall be noted in the blank box on the medication kardex or medication log.
- b. All medication kardex logs will be reviewed on a daily basis to identify those inmates



who are non-compliant. The contractual medical provider will establish written guidelines for the degree of compliance required for specific drugs and dosages. The HSA will provide this list of non-compliant inmates to the attending physician and psychiatrist on a bi-weekly basis, unless the situation requires immediate attention.

- c. If an inmate repeatedly refuses the administration and/or distribution of a prescribed medication or has developed an intermittent pattern of non-compliance, the inmate shall be scheduled for sick call, or in the case of psychotropic medications to the mental health coordinator at the site for counseling and physician/psychiatrist for follow up as needed. The inmate shall be counseled regarding the possible medical consequences of refusing the prescribed medication. This counseling will be documented in the inmate's medical record.

If the inmate continues to refuse administration and/or distribution of the medication, the inmate shall be requested to sign a refusal of treatment form. If the inmate refuses to sign the refusal of treatment form a member of the medical staff, with another staff person as a witness, will make a notation on the form documenting the inmate's refusal to sign. Both staff members will sign the refusal form as witnesses. Documentation of all such encounters should be made in the inmate's medical record.

- d. The physician may initiate court-ordered proceedings in life threatening or potentially life threatening situations of non-compliance after clearing the request for a court order with the statewide contractual program director. The program director will notify the director of health services and the superintendent. The director of health services will consult the DOC general counsel or designee to assess the need to obtain an emergency court order.

1. Psychotropic medication is to be prescribed by a psychiatrist, a physician trained and experienced in the use of psychotropic medication, or a clinical nurse specialist practicing under an approved collaborative agreement as defined in 661.02, Prescription Practices, paragraph #3, who has seen the inmate and is familiar with the case history, or in an emergency, is at least familiar with the case history. All discontinuation of psychotropic medications will be done by a psychiatrist.
2. Physicians shall initially order psychotropic medications for emergency purposes or when the medication addresses problems related to a physical care treatment. Subsequent orders must indicate a consultation with the psychiatrist.
3. All orders for other medications which are for a psychiatric purpose must be ordered by a psychiatrist, a physician or a clinical nurse specialist practicing under a collaborative agreement as noted in 661.02, Prescription Practices, paragraph #3
4. Each Inmate receiving psychotropic medication must be seen at least every ninety (90) days, and more frequently as clinically required, by the prescribing physician. The following must be noted in the record:
  - reason medication is being given, i.e., target symptom.
  - the appropriateness of the current medication and dosage
  - any implications for care relating to the current mixture of medications
  - any signs of tardive dyskinesia or other serious side effects
  - consideration of the choice of liquid, IM, or crushed preparations for inmates who do not reliably ingest other forms or for whom the hoarding of potentially harmful doses is likely
5. Each inmate receiving psychotropic medication will receive a periodic physical examination.

The result of the periodic physical examination is to be reviewed by the physician prescribing psychotropic medication who will note the observations in the record.

6. Inmates receiving psychotropic medication will be evaluated as to their need for psychotherapy, with appropriate services offered per this assessment.
7. Inmates with a history of psychotropic medications who enter a facility or are transferred to a facility will have those medications continued by a psychiatrist, unless a progress note, written by the psychiatrist or by a nurse citing a telephone order, indicates the rationale for discontinuance.
8. The progress note should indicate the informed consent of the Inmate to receive psychotropic medication.
9. The contractual medical provider will provide explicit guidelines for timely and appropriate psychiatric consultation for the rest of the mental health team, as well as providing guidelines for timely and appropriate peer supervision and second opinion.
10. At Inmate Management System (IMS) facilities, "yes" or "no" shall be entered for all inmates in the Psych. Medication field on the Medical Orders screen. For those inmates prescribed psychotropic medication, the "start date" and "end date" fields shall be updated when ever there is a change.

#### 661.05 Transfer Procedures

Each superintendent in conjunction with the HSA shall establish written policies and procedures which insure the uninterrupted provision of prescribed medications when inmates are transferred between department facilities provided proper notification is received. Contractual medical provider staff shall adhere to the pharmacy procedures found in the SOPS/Contractual medical provider's pharmacy procedure manual. The facility classification staff shall be responsible for notifying the facility health services staff regarding

the date and approximate time of the inmate's transfer. At IMS facilities, medical staff shall identify inmate transfers via the Institution Scheduled Query screen. At the time of transfer the medication kardex or medication log will be filed into the inmate's medical record and the medication(s) placed in a sealed envelope along with a sealed health record for transfer.

661.06      Storage of Medication

1. All medications and syringes shall be stored in locked rooms or cabinets, with the exception of prescriptions which may be carried on the person as recommended by the responsible physician and in compliance with the facility keep on person (KOP) program as authorized by the superintendent and the director of health services.

2. All federal and state controlled substances, syringes and needles shall be stored under maximum security conditions as described in 103 DOC 511, Tool Control, Section 10.2 on Class "A" tools, including, but not limited to being secured by at least two separate solid locked doors in a location where inmates have no access and in accordance with 103 DOC 511 Tool Control, Section 511.22, Control of Dangerous Drugs and Hypodermic Apparatus.

661.07      Keep On Person Medication Program (KOP)

KOP is a program providing for certain inmates to have medication administered to them for retention in their rooms/cells within guidelines of this policy. Medications for KOP administration are approved by the contractual medical provider and the director of health services unless excluded or otherwise exempted (see Attachment A). Superintendents may authorize all or some KOP approved medications for retention by eligible inmate population. Superintendents may not authorize the retention of medication which is excluded or otherwise exempted from KOP administration by the director of health services and contractual program director. General procedures for the administration of the KOP program can be found in the SOPS/contractual medical provider policy/procedure manual.

Each superintendent, in conjunction with the HSA, must develop written site specific procedures for a keep on person program, if applicable to their facility. All procedures shall adhere to the following guidelines:

1. Medications may be administered via the KOP program as authorized by the contractual medical provider and the director of health services, unless excluded or otherwise exempted. (See pages 1, 2 and 3 of Attachment A for exclusions.)
  - a. Nitroglycerin, inhalers and oral glucose tablets may be retained by inmates whether or not they are on the KOP program. Inmates on KOP who have their KOP privileges suspended or terminated, or who have medications confiscated for any reason may continue to retain nitroglycerin, inhalers and oral glucose tablets as these may prove to be life-sustaining medications.
  - b. Although Crixivan® is not administered in a blister pack it may be utilized as a KOP medication. This medication is distributed in a white plastic container with a hard plastic desiccant (moisture absorbent) inside the container.
  - c. Pre-release facilities where medications may be administered to inmates KOP to take with them on education, program or work release, must include how this is practiced in their site specific procedure.
  - d. No medication excluded from the KOP program may be prescribed for KOP administration to an inmate on release status without specific written authorization by the program medical director and the director of health services.

If medication that is excluded from the KOP program is necessary for an inmate to take

with him/her on work-release, i.e., it must be taken while the inmate is away from the facility ,and individual authorization must be obtained from both the contractual program medical director and the director.

2. Inmates will be excluded from the KOP program for the following reasons:
  - a. Failure to comply with the rules and regulations of the program;
  - b. Determined to be at risk for abuse of the program or inability to comprehend the rules and regulations as determined by medical or mental health staff members. Criteria includes known health status, behavior or clinical concerns and facility drug history.
  - c. Temporary or permanent housing arrangements do not have an individual, lockable storage location within the inmate's living area to secure his/her medication.

If an inmate is excluded from participating in the KOP program for reasons as stated in sections a. and/or b., it will be documented at the top of the problem list in his/her medical record and be dated and signed by a medical or mental health staff person.

3. The KOP program will be explained to the inmate by medical staff. The keep on person medication distribution program form (see page 4 or 5 of Attachment A) will be completed, signed and witnessed when the inmate actually enters the KOP program and will be filed in the inmate's medical record. Upon transfer to another DOC facility, inmates will be required to review the existing agreement with the nurse when s/he picks up the KOP medications that were transferred to the new site. The nurse will date and initial the document and the inmate will sign and date the document to note that the review has taken place.
4. Medical staff will instruct the inmate how to take his/her medication(s), how to obtain refills if applicable, and have the inmate sign a receipt

for medication received which also acknowledges understanding and willingness to adhere to the KOP program. Each facility will establish and publish special times/days for KOP medication to be reordered and/or picked up by the inmate.

5. A IMS facilities, medical staff shall complete the KOP section of the Medical Orders screen for inmates with approved keep on persons medications.
6. The HSA will ensure that a monthly updated list of all inmates on KOP, along with the number of blister packs each inmate is allowed to possess, is submitted to the superintendent or designee each month. At IMS facilities, the KOP Inmates report shall instead be generated via the Medical orders screen directly by the Superintendent or designee.
7. When the prescription requires more than one blister pack to fill a thirty day supply, only one pack will be given to the inmate at a time. Subsequent packs will be issued when the inmate turns in his/her previous empty pack.
8. An inmate is allowed to possess only one prescription container of each ordered medication at any given time, e.g., one blister pack, one tube or container of a topical preparation, one container (not glass) of ophthalmic or otic drops, one asthma inhaler for each inhaler medication prescribed.
9. All blister packs issued to inmates will be clearly labeled with the inmate's name, date, medication, method of administration, start date and stop date.
10. Participants in the KOP program must have an available lockable location in his/her cell for the retention of the medication. This location is to be determined by the Superintendent on a site by site basis. Inmates will be required to secure all KOP medication whenever they leave their cells.

11. Failure to secure KOP medication may result in the termination of KOP privileges and disciplinary action.
12. An inmate who is found with more than one prescription container of any ordered medication in his/her possession or who is found with non-current prescription medication in his/her possession that is not labeled according to standard with his/her name on the prescription label may be subject to disciplinary action for possession of contraband. Outdated medications are to be considered contraband.
13. When security staff conducts an inspection/search of an inmate's room, s/he shall ensure the following:
  - a. All KOP medication is properly secured;
  - b. All KOP medication is properly labeled, current (not outdated) and belongs to that particular inmate;
  - c. When unsecured medications are discovered, the medication, with the exception of nitroglycerin, inhalers, and oral glucose tablets will be confiscated and turned over to the medical staff for further action. An incident report must be filed. The inmate shall be instructed to report to the medication line to receive his/her medication.
  - d. When medication belonging to another inmate is found during a search/inspection, the medication will be confiscated and a disciplinary report issued.
  - e. Each infraction should be reported to the HSA by verbal and written documentation upon discovery. This information is to be documented in the medical record.
  - f. When medication is confiscated from inmates on a KOP program, provision must be made to insure continued receipt of medication as prescribed. Facilities without 24-hour coverage by medical staff must arrange to



have such medication dispensed and logged until medical staff is on site and notified of the situation. The site HSA should be notified as soon as possible in order to review the situation.

- g. At the IMS facilities, security staff shall utilize the KOP Inmates report and Medical Information View screen to monitor inmates on approved KOP medication.

- 14. When KOP privileges are revoked for a rules or regulations infraction the minimum duration of a suspension/removal from KOP privileges will be three months.

- 15. Medical staff must ensure that inmates return for refills on a timely basis, as identified in routine medication administration record checks. If the inmate is not adhering to the schedule, s/he will be counseled once by medical staff. This contact will be documented in the inmate's medical record. If s/he remains noncompliant, s/he will be removed from the KOP program. Medical staff must inform inmates to return to the Health Services Unit to change medication stop dates as needed and as outlined in the SOPS/contractual pharmacy manual. At IMS facilities, medical staff shall enter all changes to KOP start and end dates in the Medical Orders screen.

- 16. Medical staff will conduct a monthly compliance check of at least 10 percent of the inmate population involved in the KOP program as follows:

- a. Nursing staff will randomly select the required number of inmates, visit the housing units escorted by security staff and check for compliance.
- b. Medical staff will submit a completed report to the HSA with a copy to the superintendent or designee, including the following information:
  - i. name of medical staff;
  - ii. name of security staff;

- iii. name of inmate(s) checked;
- iv. time and date of compliance check;
- v. results of compliance check;
- vi. action taken for non-compliance, if needed.

- c. Inmates found to be non-compliant with the KOP program will be counseled. Any further incidents of non-compliance will result in his/her suspension/removal from the KOP program.

17. Termination from the KOP program is under the authority of the superintendent for rules and regulation infractions, and under the authority of the health service administrator for non-compliance with the KOP program or other health care related issues. At IMS facilities, medical staff shall update the "end date" in the Medical Orders screen when an inmate is terminated from the KOP program.

18. When an inmate is transferred, i.e., routine transfers, their medication blister packs must be returned to the health service unit for transfer to the new facility. The blister packs will be placed inside the medical record with the medication kardex, health status report and documentation log for transfer, except inhalers, oral glucose tablets and nitroglycerin as noted in the next paragraph. All of this material will be placed in a sealed "confidential medical record" envelope labeled appropriately for transfer to the receiving facility.

Inmates will be allowed to carry inhalers, oral glucose tablets and nitroglycerin in their "ditty bags". The envelope will be transported at the same time as the inmate and will be delivered to the receiving facility where it will be immediately forwarded to the health service unit. If the receiving facility has a KOP program, the inmate will review, sign and date the existing KOP agreement.

19. If an inmate is temporarily removed from general population to a restricted area, i.e., segregation or health service unit, security will return KOP medications to the health service unit for watch-take administration. Exceptions to this

are nitroglycerin, oral glucose tablets and inhalers. Correction staff should confirm with health service staff that these medications have been prescribed as KOP medications on a case by case basis.

The nurse will institute a medication administration record (MAR) and indicate the amount of medication received on the MAR. The inmate may return to KOP when returned to general population if not contraindicated.

20. When an inmate's KOP medication order has expired and s/he does not require a refill, the medication blister pack or container should be turned in to medical staff at the health services unit. Once a prescription expires, the blister card or container would be considered contraband.

#### 661.08     Self-Administration

The director of health services will allow the self administration of medication under certain guidelines and procedures which have been developed by the contractual medical provider and have received the approval of the director of health services.

DOC staff involved in witnessing self administration by an inmate, must successfully complete training through a DOC health services division approved training program. (See Attachment B, Protocol for Witnessing Self Administration of Medication).

Any exceptions to the self-administration program must be approved by the superintendent.

Each superintendent must establish written procedures for inmate self-administration of medication if applicable to his/her facility.

#### 661.09     Over the Counter Medications in Facility Canteens

Over the counter (OTC) medications may be purchased in the facility canteen. All OTC items offered in the canteen must be approved by the Superintendent and Director of Health Services Division. All policies and procedures governing the purchase and use of OTC items made available in the canteen will be approved by the Superintendent and the Director of Health Services. In addition OTC medications

will continue to be made available through the health service units when prescribed by medical professionals.

**ATTACHMENT A  
KEEP-ON-PERSON**

DRUGS ON THIS FORMULARY ARE **NOT** INCLUDED IN THE KEEP-ON-PERSON PROGRAM:

---

<u>Generic Name</u>	<u>Brand Name</u>
<b>Controlled Substances (Narcotics)</b>	
Any Schedule II- Schedule V drug	
Examples:	
Percocet	Oxycodone with
APAP, Roxicet	
Morphine	MS-Contin
Acetaminophen with Codeine Tylenol #3	
Propoxyphene	Darvon, Darvocet-N
100	
Clonazepam	Klonopin
Lorazepam	Ativan
Diazepam	Valium
Methadone	
Methylphenidate	Ritalin
Pemoline	Cylert
Diphenoxylate	Lomotil
<b>Injectable Medications:</b>	
Examples:	
Ceftriaxone	Rocephin
Penicillin G Benzathine	Bicillin-LA
Tubex	
Penicillin G Procaine	Wycillin
Insulin	Humulin
Epinephrine	Epi-Pen
Vaccines	Fluogen, Pneumovax
<b>Anticonvulsants:</b>	
Carbamazepine	Tegretol
Phenobarbital	
Phenytoin	Dilantin
Valproic Acid	Depakene,
Depakote	
<b>Antidepressants:</b>	
Examples:	
Amitriptyline HCL	Elavil
Desipramine	Norpramin
Doxepin HCL	Sinequan

**ATTACHMENT A  
KEEP-ON-PERSON**

DRUGS ON THIS FORMULARY ARE **NOT** INCLUDED IN THE KEEP-ON-PERSON PROGRAM:

---

Generic Name

Brand Name

**Antidepressants (con't):**

**Examples:**

Imipramine HCL  
Clomipramine  
Trazodone HCL  
Fluoxetine  
Paroxetine  
Sertraline  
Bupropion  
Venlafaxine  
Nefazadone  
Fluvoxamine  
Mirtazapine

Tofranil  
Anafranil  
Desyrel  
Prozac  
Paxil  
Zoloft  
Wellbutrin  
Effexor  
Serzone  
Luvox  
Remeron

**Antigout Agents:**

Colchicine

**Blood Related Drugs:**

Warfarin Sodium

Coumadin

**Tranquilizers and Psychotherapeutics:**

Alprazolam  
Chlordiazepoxide HCL  
Chlorpromazine HCL  
Clonazepam  
Clozapine  
Diazepam  
Diphenhydramine  
Fluphenazine  
Haloperidol  
Lithium Carbonate  
Lithium Citrate  
Lorazepam (CIV)  
Loxapine Succinate  
Olanzapine  
Risperidone

Xanax  
Librium  
Thorazine  
Klonopin  
Clozaril  
Valium  
Benadrly  
Prolixin  
Haldol  
Lithonate  
Lithonate-S  
Ativan  
Loxitane  
Zyprexa  
Risperdal

**ATTACHMENT A  
KEEP-ON-PERSON**

DRUGS ON THIS FORMULARY ARE **NOT** INCLUDED IN THE KEEP-ON-PERSON  
PROGRAM:

---

Generic NameBrand Name**Tranquilizers and Psychotherapeutics (con't):**

Thioridazine HCL	Mellaril
Thiothixene	Navane
Trifluoperazine	Stelazine

**Antituberculin drugs:**

Isoniazid	INH
Ethambutol	Myambutol
Pyrazinamide	
Rifampin	Rifadin

**Oral Corticosteroid Anti-Inflammatory Drugs:**

Dexamethasone	Decadron
Predinsone	Orasone,
Deltasone	

## KEEP ON PERSON MEDICATION DISTRIBUTION PROGRAM

You have been selected to participate in a self-medication program. You will receive up to a one-month's supply of some of your medication if approved.

You must assume responsibility to secure the medication in a locked location and to properly take the medication(s) as labeled on the blister pack. Any medications outside of the pack, any witnessed selling, any reported stolen medication or any loss of the medication container(s) will result in losing the privilege. You will then have to return to the medication line for at least three months on a specific day and hour.

While you are on the KOP program you will receive your medication on a specific day and hour. When you have reached the circled pill on the blister pack, you must present the blister pack to have a refill for the next week. If you do not, you will no longer be allowed to continue receiving your medication to keep on your person. You must bring your medication with you anytime you are seen in the health care unit.

Thank you for your cooperation.

**I understand and will adhere to the procedures of the KOP program.**

---

Inmate's signature

---

Date

---

Witness Signature

---

Date



KEEP ON PERSON MEDICATION PROGRAM (KOP)  
PROGRAMA DE AUTOMEDICACION

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ SUBJECT: Programa de  
AutoMedicacion  
(Tener medicinas en su Persona)

Usted ha sido seleccionado para participar en un programa de auto-medicacion.

Despues de ser aprobado, usted recibira medicinas hasta por un mes.

Usted asume la responsabilidad de mantener su(s) medicina(s) en un lugar seguro.

Usted tiene que tomar las medicinas tal y como esten indicadas en el paquete de tabletas selladas en ampollas individuales.

El privilegio de estar en este programa de automedicacion. lo perdera de suceder cualquiera de las siguientes situaciones:

1. Que se le encuentre medicina afuera del paquete sellado.
2. Reporte con testigo de venta de medicinas.
3. Reporte de perdida o robo de medicinas.

Si pierde el provilegio tendra que volver a la linea de distribucion de medicinas a horas y dias especificos por un periodo de tres (3) meses.

En este programa de automedicacion usted recibira su medicina despues de su cita con el Doctor.

En el paquete de medicinas, cuando llegue a la tableta marcada con un circulo, usted debe enseñar ese paquete para que le sea renovado. El proximo paquete vendra aproximadamente una semana despues. Mientras usted continuara tomando sus medicinas del paquete anterior, recuerde que es muy imporante traer el paquete a al enfermera cuando llegue a la tabeta marcada con un circulo Si usted no presenta el paquete, perdera el privilegio de tener sus medicinas en su persona para automedicarse.

Gracias por su cooperacion,

Yo \_\_\_\_\_, he leído y comprendido lo anterior y me comprometo a seguir con los requerimientos de este programa.

---

Firma de un testigo

---

Fecha

## **PROTOCOL FOR WITNESSING SELF ADMINISTRATION OF MEDICATION**

**Purpose:** To allow supervised self administration of medication by inmates within the guidelines and procedures developed by the contract medical provider and approved by the Assistant Deputy Commissioner of Clinical Services.

**Medication Self-Administration:** The process of removal of medication from a pharmacy prepared packaging system by an inmate/patient for the purpose of administration to one's self by mouth or injection with appropriate correctional or health service staff present as a witness.

**Procedure:**

1. Healthcare/nursing staff shall assure that medications are properly ordered, stored, and labeled.
2. Healthcare/nursing staff shall prepare the self-administration medication documentation form in advance with the required information. The required information includes the name of the inmate, the inmate's commitment number, the inmate's date of birth, the institution in which the inmate is housed, the medication, the dosage (including the route of administration), and all known allergies. Healthcare personnel shall cross reference the blister pack to the physician order and the Medication Self Administration Form (8057). Abbreviations may not be utilized. A separate Medication Self Administration Form (8057) will be completed for each medication for self-administration by the inmate.
3. Healthcare/Nursing staff shall provide written and verbal instructions to the inmate regarding his/her specific medication and route of administration, dosage and other key factors. A new Medication Self Administration Form (8057) will be initiated if self-administration instructions change and an appropriate label change sticker will be affixed to the medication label.
4. The inmate shall present proper identification to Department correctional staff member prior to the time scheduled for the inmate to self administer a medication.
5. The Department correctional staff member locates inmate's medication information on Medication Self Administration Form (8057), located in the Medication Administration notebook.
6. The Department correctional staff member compares pertinent information of Medication Self Administration Form (8057) to information on inmate identification card, i.e., name, date of birth (DOB), commitment number.
7. The Department correctional staff member locates and removes appropriate medication blister pack/container from the locked medication storage area and confirms proper identification information on Medication Self Administration Form (8057).
8. The Departmental correctional staff member witnesses the inmate removing the appropriate medication from the blister pack/container.
9. The inmate self administers the medication.
10. The Department correctional staff member enters the date and time on the Medication Self

Administration Form (8057).

11. The inmate and Department correctional staff member co-sign the form.
12. The only information placed on the Medication Self-Administration Form by the Department correctional staff member is the date and time that the inmate self-administered the medication and his/her signature.
13. If at any time the Department correctional staff member assisting with inmate identification for inmate self-administration of prescribed medication has a question or concern regarding any medication issue, he/she shall contact the assigned Clinical Administrator or designee for that facility.

**Contractual Medical Provider - Massachusetts Department of Correction**

**PROTOCOL FOR HEALTH SERVICES STAFF REVIEW OF SELF ADMINISTRATION FORM**

1. A nursing staff member assigned to the facility shall review all the Medication Self Administration Forms (8057), a minimum of once per week.
2. At the time of review, the nursing staff member will:
  - a. Audit inmate compliance/adherence to the medication regimen. Non-compliance shall be reported to specific site provider.
  - b. Remove all completed Medication Self-Administration forms (8057) and file in Section 10 of appropriate inmate medical record (this task may be completed by Medical Records Clerk).
  - c. Sign and date under the "Nursing Audit" section of the "Medication Self-Administration" Form (8057) in the space provided at the bottom of the form.



# Medication Self Administration Form

661 - 31